



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Submit to: Georgia Department of Community Health
Office of Health Planning – Plans Review Unit
2 Peachtree Street, NW, 5th Floor
Atlanta, Georgia 30303-3159
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DCH PLANS TRANSMITTAL LETTER

DATE SUBMITTED: _____ (SUBMIT MINIMUM 45 DAYS PRIOR TO START OF CONSTRUCTION)
CON, LNR or DET NUMBER: _____ DATE ISSUED: _____
(PLANS WILL NOT BE LOGGED IN FOR REVIEW PRIOR TO ISSUANCE OF ANY REQUIRED CON, LNR OR DET LETTER)

FACILITY NAME: _____
PROJECT NAME: _____
STREET ADDRESS: _____
CITY: _____, GEORGIA, ZIP CODE: _____ COUNTY: _____
CONTACT PERSON: _____
PHONE NUMBER: _____ E-MAIL: _____

OWNER: (COMPANY NAME): _____
MAILING ADDRESS: _____
CITY: _____, STATE: _____ ZIPCODE: _____
CONTACT PERSON: _____
PHONE NUMBER: _____ E-MAIL: _____

SUBMITTED BY: _____ COMPANY NAME: _____
MAILING ADDRESS: _____
CITY: _____, STATE: _____ ZIPCODE: _____
PHONE NUMBER: _____ E-MAIL: _____
Are you the: ☐ Architect ☐ Owner ☐ Consultant ☐ Contractor ☐ Other

ARCHITECT OF RECORD: _____ GA REGISTRATION NO: _____

TYPE OF FACILITY:
☐ HOSPITAL ☐ NURSING HOME ☐ AMBULATORY SURGERY CENTER
☐ ENDOSCOPY CENTER ☐ IMAGING CENTER ☐ OTHER: _____

PURPOSE OF SUBMISSION:
☐ PRELIMINARY REVIEW ☐ FINAL REVIEW ☐ ADDENDUM ☐ REVISIONS

ESTIMATED CONSTRUCTION COST: _____ SQUARE FOOTAGE: _____
ESTIMATED CONSTRUCTION START: _____ COMPLETION: _____

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW/APPROVAL

- 1) ☐ DCH PLANS TRANSMITTAL LETTER
- 2) ☐ DCH PROGRAM NARRATIVE
- 3) ☐ ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED BY GEORGIA LAW
- 4) ☐ AN ELECTRONIC COPY OF THE FLOOR PLANS IN ADOBE .PDF FORMAT
- 5) ☐ A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON, LNR or DET

DCH USE ONLY	DATE RECEIVED	DCH PROJECT NUMBER
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Revised August 31, 2020